Brochure

COPD and Heart Failure

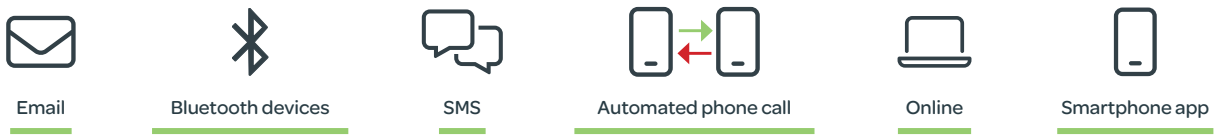
Allowing COPD and heart failure patients to be monitored at home, without the need for frequent face-to-face consultations.

Background

The need for remote patient monitoring for high-risk patients has never been greater. By enabling more care to be delivered in people's homes, remote monitoring can help to reduce face-to-face appointments, ease pressures on clinicians and ease waiting list pressures. Digital health keeps patients in a safe environment and reduces the risk of infection transmission.

Solution

Our technology-enabled COPD and heart failure service monitors patients in their own home through our digital health platform. Patients or carers measure agreed vital signs and enter data using a communication method that suits them, including:



Benefits of service

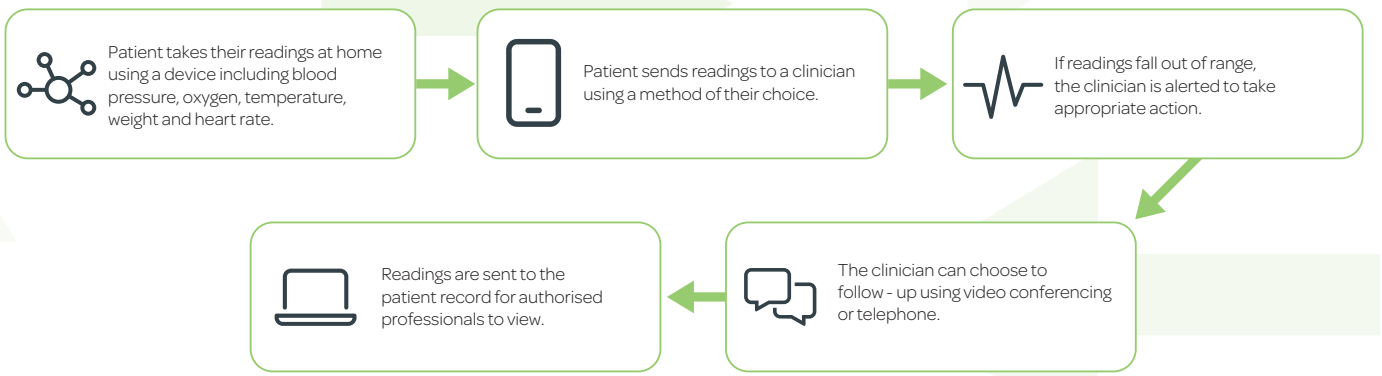
- **Improves health outcomes**
  The services improves self-care by increasing the patient's awareness and understanding of thier condition, and by enabling them to take a more active approach in the management of their own health.

- **Reduces A&E admissions**
  Our evidence shows enhanced monitoring of these long term conditions has reduced hospital admissions.

- **Increases clinic capacity**
  Home monitoring reduces face-to-face appointments, enabling clinicians to prioritise time with patients who need the most help.

- **Improves patient satisfaction**
  The service gives patients a choice about how they recieve their healthcare. It is easy to use and patients do not have to take time out of their day to attend routine appointments.

How does the service work?



Case study: Norfolk Community Health and Care Trust

- The self- testing service is for patients who have recently experienced heart failure or chronic obstructive pulmonary disease and need to be monitored to ensure their vital signs are within safe range.
- The service was designed to improve the quality of life for patients and free up hospital beds and surgery time. It allows patients with heart and lung disease to monitor their vital signs at home and relay readings directly to a clinician.
- The service enables clinicians to monitor trends and intervene if readings move outside individual thresholds. It encourages patients to recognise changing symptoms and promotes self management of their condition.
- Patients are given medical devices and training to monitor their vital signs at home. These include blood pressure, temperature, weight, pulse rate and oxygen saturation.
- The patient sends the readings to clinicians via an online submission form or automated telephone service.
- The service complements the work of the trust's heart failure team which attends to patients in clinic, at home and via telephone consultation.

Outcomes

Analysis by the Trust of the six months before and after the service has revealed the following among a cohort of service users:

88%
reduction in bed days.

65%
reduction in GP visits.

89%
reduction in A&E admissions.

45%
reduction in Out of Hours appointments.

It's a brilliant service because I know I have my medical team in the background. If anything goes wrong, they are there to support me and I trust them completely. My condition is more stable and I am more active than I used to be.

Hull office worker with emphysema who had to retire after suffering from breathing difficulties and chest infections.